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THE NSW doctor

AMA NEW SOUTH WALES

THE OFFICIAL PUBLICATION OF THE AUSTRALIAN MEDICAL ASSOCIATION OF NSW

THE **ELECTION** EDITION

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The Australian Medical Association (NSW) Limited
ACN 000 001 614
Street address
69 Christie Street
ST LEONARDS NSW 2065
Mailing address
PO Box 121, ST LEONARDS NSW 1590
Telephone **(02) 9439 8822**
Outside Sydney Telephone **1800 813 423**
Facsimile **(02) 9438 3760**
Outside Sydney Facsimile **1300 889 017**
Email **enquiries@amansw.com.au**
Website **www.amansw.com.au**
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Editor
Andrea Cornish
andrea.cornish@amansw.com.au

Designer
Gilly Bibb
gilly.bibb@amansw.com.au

Advertising enquiries
Andrea Cornish
andrea.cornish@amansw.com.au

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CREATING A VISION FOR HEALTH

With both a State and Federal election on the horizon, it's the perfect opportunity to consider health as an ecosystem – adequately resourcing and planning the systems to work in conjunction with each other.

HEALTHCARE IS COMPLEX.

And when faced with a complicated problem or issue, it is tempting to just work on a little bit here and there, focusing on a waiting list or busy emergency department without regard to the underlying causes.

The problem with this sort of Band-Aid approach is that without regard to the wider system, there are often unintended impacts and greater inefficiency. It's the approach of trying to fix traffic congestion only by building more roads.

For too long successive Governments at the State and Federal level have not taken a holistic view of health. For every new project or service, we need to be asking: 'How does this fit with the rest of the system?'

We need more capacity to treat people when they get sick. But healthcare is more than just hospitals. If we don't start fixing our healthcare system, we will never have enough hospitals. It's tempting to just 'build another lane on the M4' – but that approach doesn't work with health.

In this issue, we break down our vision for a healthier NSW. The Election Priorities focuses on three areas of priority: Healthy Hospitals, Healthy Systems and Healthy Communities.

The overarching principle is that both levels of government need to work together and look at the health system as a whole. We've reached a critical period in healthcare where population growth intersects with an ageing population that is increasingly affected by chronic disease. Our hospitals are struggling to cope with patient demand and without greater resourcing they won't be able to meet the health needs of NSW residents.

And while we need continued funding for hospitals and a plan to address workforce shortages, the key to curbing the hospital crisis will be supporting a strong primary care system. It is the backbone of the health system and central to keeping people out of hospitals.

This is why NSW is joining Federal AMA in calling 'Time for 10'. It's time to increase funding for primary care to 10% of the total health budge. And this must be in the form of new money.

While spending on other areas of health have increased, primary care services are still a relatively small proportion of total government health expenditure.

A substantial body of international research indicates primary care is the most cost-effective way to provide healthcare. Research from Bettering the Evaluation and Care of Health (BEACH) found there were 35 million more GP services in 2013-14 than 10 years earlier – a 36% increase. There were 17 million more attendances by patients aged 65 years and over, which represented a 67% increase.

In 2015-16, GPs managed 154 problems per 100 encounters, which was a significant increase from a decade earlier (149 per 100). The BEACH data suggests in 2015-16 there were 21 million more chronic problem management consultations than 10 years previously.

What this data reveals is that GPs are looking after more patients with increasingly complex needs.

The average cost of seeing a GP is $47 compared to an ED visit, which ranges from $396 to $599, according to BEACH figures.

Given the value primary care provides, as well as the increase in conditions being managed by general practitioners, and the time spent with individual patients, it is vital we dedicate more of the budget to primary care. But this can't be at the expense of hospitals. We need to consider both systems together – building our hospitals, our primary care and our communities in conjunction with each other.

By taking a holistic view of health, we will build a system that is better integrated, and better able to manage the increasingly complex health needs of an ageing society. dr.

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THINKING LONG TERM

Short-term, populist policies fragment care and increase costs across the system. We need a healthcare strategy that can be adapted to meet the needs of a growing population in NSW.

THIS YEAR, for the first time in my 20-year career, we are getting the joy of not one but two elections in NSW. This has created an important health policy opportunity for AMA (NSW), and we have responded to the challenge by creating a significant policy document, "A Vision for a Healthier NSW". In this edition, we provide a summary of some of the key policy areas; however, I would encourage all members to take the time to read and share the full document, which can be found on our website – amansw.com.au.

The full document is long and it's complex. We don't apologise for this – as Donald Trump found out, health is complicated, and our healthcare system has suffered from too much short-term strategy and populist thinking.

Our healthcare system needs our doctors to be champions of expertise and knowledge, to fight for a better and changed system, just as doctors do every day in their care for patients.

While we would like to see both parties commit to the AMA (NSW) Vision for a Healthier NSW, the document will serve as the ongoing advocacy plan for AMA (NSW) in years to come. This is because we recognise that if we want politicians to stop thinking in short-term time horizons, we need to move our thinking to the longer term.

We hope all members will take the time to engage with their MPs or educate and inform their patients about the importance of health and why health needs to be a priority in this and every election.

Aside from election issues, the medical profession has also been dealing with the revelations around the working hours of doctors-in-training, particularly unaccredited registrars.

For most people, there has been nothing surprising in this story. We know from our Hospital Health Check survey that unaccredited registrars feel more vulnerable and more at risk of excessive hours than other doctors.

In responding to this issue, we also wanted to acknowledge the significant pressures also felt by senior doctors, many of whom are also struggling with the effect of burnout and overwork. We will be continuing to work to improve the systems and supports for all doctors, particularly unaccredited registrars. dr.

fiona.davies@amansw.com.au

Fiona Davies CEO, AMA (NSW)

VISION FOR A HEALTHIER NSW

We must continually strive for a health system that is patient-centred, equitable, integrated and innovative.

IN THE months leading up to the State Election, residents in NSW signalled health would be a key election issue in deciding how to vote. On the Federal stage, analysts also predicted health would be an important political battleground.

Ahead of the elections, AMA (NSW) prepared a comprehensive election policy that calls on Governments to strategically invest in health at what may be one of the most critical junctures in our nation's history.

Australia has one of the best healthcare systems in the world, but we face unprecedented challenges as population growth collides with waves of baby boomers hitting 65, and the increasing prevalance of chronic disease. Overweight and obesity numbers continue to climb and we need unique whole-of-society solutions if we are to effectively alter the current trajectory. We need to adequately resource our public hospitals, and we need to concentrate on strengthening our primary care sector to alleviate the pressure on hospitals. We need better planning and a workforce strategy that addresses current shortages. We also need a system that utilises the best technology available.

AMA (NSW)'s Vision for a Healthier NSW outlines election policy priorities for both the State and Federal Government. It concentrates on three areas: Healthy Hospitals, Healthy Systems, and Healthy Communities.

1 HEALTHY HOSPITALS

A significant portion of the NSW Government's Election Commitments 2015-2019 for Health focused on infrastructure. The Government pledged to spend more than $5 billion to build and upgrade more than 60 hospital and health services over the following four years.

Redevelopment of our State's ageing hospitals was much-needed. The renovation of Prince of Wales Hospital, for example, was the hospital's first substantial upgrade in two decades.

However, whilst we have bigger buildings and more physical beds, workforce shortages mean hospitals are not operating to their full potential and patient care is compromised as wait times increase.

Hospital emergency departments are swamped by increasing numbers of patients. The increased demand is affecting the ability of medical professionals to cope, and patient care is being compromised. There is no longer reserve in the system and doctors fear hospitals are at breaking point. We need better solutions, and we need to address workforce shortages.

Workforce shortages

Transformation and strategic planning is necessary if NSW is to adequately meet the future healthcare demands of residents. There are currently 31 specialties listed as 'oversubscribed' (more applications than training positions).

Conversely, there are 19 specialties currently 'undersubscribed', and just three listed as 'in balance' – endocrinology, obstetrics & gynaecology, and public health medicine.

Careful planning needs to be done to ensure NSW Health meets its objective to deliver 'the right care, in the right place, at the right time.'

AMA (NSW) also recommends greater support and funding for GP training in hospitals, as a means of improving care for patients.

Workforce projections show the following specialties will be in shortage in 2025 compared with their current position, if recent trends in supply and demand continue:

i. Obstetrics and gynaecology
ii. Ophthalmology
iii. Anatomical pathology
iv. Psychiatry
v. Diagnostic radiology
vi. Radiation oncology

The situation is particularly dire with respect to psychiatry and surgery. With regards to psychiatry, to meet the expected undersupply projected by 2030, the new intake would need an average annual increase of 3.3%. In terms of surgery, it is conservatively estimated that 264 new surgeons will be needed each year between now and 2025. That is, in addition to the 184 new surgeons currently graduating each year, a further 80 will have to graduate alongside them.

Aside from positions of shortage, NSW needs a workforce plan to ensure new specialists are able to access appropriate appointments in our public hospitals. These should be new, substantive positions to ensure a continuation of the public and private service model.

Supporting doctors-in-training

In 2012, the NSW Government introduced a new wages policy which has severely restricted any prospect of modernising the Public Hospital (Medical Officers) Award.

The changes in policy and regulation prohibit NSW Health from changing conditions of employment which will

increase salary-related costs by more than 2.5% without equivalent cost offsets. The independent arbiter – the Industrial Relations Commission of NSW – is also restricted and not allowed to change Awards or make orders which are inconsistent with this policy.

While this policy has implications for all hospital doctors, the impact has been most significant on doctors-in-training. This is a major barrier to creating a safe and fair working environment for doctors-in-training.

The Coalition Government has taken steps to improve industrial arrangements, particularly in relation to the impact of excessive hours of work and improved policies relating to unrostered overtime. However, issues such as access to appropriate facilities (accommodation, common areas, sleeping spaces) within hospitals, financial support for training, and access to leave, remain unsolved.

We call on the parties to recognise the important contribution of doctors-in-training in terms of both service delivery and as part of our future specialist workforce. To support this, the industrial arrangements for doctors-in-training should be improved to:

- Allow doctors-in-training to conduct a work value case to assess the current value of their contribution to the NSW public health system.
- Provide doctors-in-training with access to exam and conference leave. NSW is the only state in Australia to provide no support to doctors-in-training for professional development. Every other state provides doctors-in-training with dedicated leave. Access to such leave would allow for better planning by health systems and would recognise the stress associated with undertaking exams.
- Provide doctors-in-training with financial support towards training. Doctors-in-training in the ACT are able to access up to $6,124 per annum in training expenses; in South Australia, they can access up to $8,000 per annum. In NSW, doctors fund even the most basic of training requirements.
- Ensure appropriate arrangements for supporting doctors-in-training while they are on-call. There are no current protections for NSW doctors-in-training on-call. Victoria and WA have detailed Award protections to limit excessive hours and on-call and call back requirements. NSW should review and implement best practice policy on on-call, call back, and protection from excessive hours.
- Unaccredited registrars should not be rostered on less favourable terms than accredited registrars.
- Doctors-in-training should have rights to specified facilities, including break rooms, sleeping spaces, and secure accommodation.

Doctors' health and wellbeing

The restrictions created by the wages policy also impacts the health and wellbeing of doctors-in-training.

AMA (NSW) conducted its second annual Hospital Health Check survey last year, which surveyed 1351 doctors-in-training in NSW about conditions at their hospitals.

Doctors-in-training gave two different hospitals a failing grade in reference to staff wellbeing. These are notable not just because they are failing grades but because they are the first Fs awarded by the HHC in NSW.

Westmead and Wollongong were both given Fs for wellbeing, which relates to bullying, support for mental health issues, and reporting of inappropriate behaviour.

Clearly, more work needs to be done to improve wellbeing in NSW. Doctors' health and wellbeing isn't just an issue for junior doctors, but is something all doctors at any stage in their career may face. While we acknowledge the efforts to reform National Law and the commitments of Ministers, AMA (NSW) recommends NSW review a new model governing mandatory reporting to remove the barriers for doctors with mental illness seeking proper medical care.

> Doctors-in-training are the front line of our health system and our future leaders. The way they are supported will impact the next generation of health practitioners. We call on both parties to recognise their contribution to the system.

2 HEALTHY SYSTEMS

There is a strong need for integration and collaboration on the delivery of health services in NSW. Healthy systems involve taking a strategic approach to health planning, as well as building the technological infrastructure to support better communication.

Health planning

AMA (NSW) recognises the benefits of the NSW Government's policy to devolve authority and responsibility to Local

Health Districts (LHDs). This transfer of management has allowed LHDs to deliver healthcare services appropriate for their local populations and removed unnecessary management.

However, certain health services require a coordinated approach.

Specifically, AMA (NSW) has identified the need to create a framework for these crucial services:

- Obstetric transfers
- Interventional radiology
- Burns
- Trauma

There is a strong need for integration and collaboration on the delivery of these health services.

The health system needs strategic planning, with an emphasis on forecasting service requirements as the population of NSW grows.

Paediatrics

Children and families in NSW deserve quality care that can be delivered close to home.

The crisis in paediatrics was identified in 2008 by Peter Garling SC in his report to the Special Commission of Inquiry, which noted:

"The specialist children's hospitals become overloaded, and this delays the delivery of tertiary care to the babies and children who really need it. Surgery and other types of treatments are consequently being delayed."

In 2014, NSW Health developed the "Surgery for Children in Metropolitan Sydney: Strategic Framework in response to the Garling Report.

However, the problems first noted more than a decade ago continue to plague the system.

AMA (NSW) strongly recommends an independent review into paediatrics be established to examine how to best deliver services in NSW.

Health IT

We live in an information age where there should be no excuse for delays in clinical decision-making because of delayed access to important information.

Patients and doctors expect a system that allows healthcare providers to communicate with each other in a glitch-free, secure and seamless fashion.

Continued reliance on old technology is compromising communication between healthcare providers. The State and Commonwealth should work together to plan for and invest in a comprehensive IT strategy that integrates hospital and specialist, GP and other health practitioner services.

The fax machine

The health system's ongoing reliance on the fax machine as a secure means of communication is confounding, given the technological advancements that have been embraced by Australian society in almost every other facet of life.

The transmission of information through fax machines is secure, but security and patient privacy cannot be guaranteed once that information has been printed on paper and left on the fax machine in-tray. Hospital doctors often need the same information faxed multiple times because they have not been sitting at a fax machine when the information was sent through and someone else has picked it up accidentally, misplaced the paper, or thrown it out.

A modern health system demands a means of communication that is instant, secure, paperless, and allows for two-way communication. At best, fax machines meet half that criteria. AMA (NSW) recommends the State Government relegate the fax machine to medical museums.

The pager

In addition, AMA (NSW) recommends the State Government look at alternatives to pagers, which are also considered relics of a bygone telecommunications era. From a practical standpoint, pagers do not facilitate two-way communication thus limiting their appeal in light of better alternatives. They are also not a fail-safe back up. Should other devices be used to replace pages, investment into Wifi is needed to ensure doctors can reliably connect.

Anecdotal evidence suggests doctors are using alternative methods, such as WhatsApp, to communicate. A secure application, which could be used within hospitals to share necessary patient details and photos, should also be a priority. Ideally, the solution would enable

The health system's ongoing reliance on the fax machine as a secure means of communication is confounding, given the technological advancements that have been embraced by Australian society in almost every other facet of life.

users to send photos securely to a hospital's medical records department to upload into a software product such as Cerner.

Compatibility and speed

Compatibility between existing software systems appears to be lacking. The amount of time wasted trying to access relevant patient information is a source of significant frustration among hospital doctors and administrative staff.

Examples of this include the incompatibility between PowerChart and eRIC, which has a different eMEDS system. Another example is eMaternity, which isn't compatible with PowerChart. It's not just a nuisance for clinicians – there is a real danger that vital patient information will accidentally be omitted when clinicians are forced to switch between systems.

The utility of software programs is compromised when they don't work seamlessly together. Clinicians note that in some circumstances it's slower to use electronic documentation systems than it is to write clinical notes on paper.

Time lost logging in and out of programs is another complaint. Despite widespread use of Cerner across hospitals, many computers don't have the application installed locally. As a result, clinicians must access Cerner via a Citrix system. Valuable time is wasted, as each interaction with the software takes an additional three to four minutes. In an era of instant connectivity, and in an environment where response to patients is time critical, this delay is unacceptable.

Any new system should be designed with clinician input and developed to accomodate workflows. Clinician approval of systems is also key to the success of future systems.

In addition to investing in infrastructure, AMA (NSW) suggests there needs to be a similar investment in training.

Lab results

Most laboratories have the capability to send results electronically, but not all do. As a result, doctors report it is sometimes quicker to retest, rather than chase results via fax or mail. Making it compulsory for labs to transmit results electronically would significantly cut down on some of the redundancy within the system. This failure to use available technology is also a problem for some hospitals which have the capability to send discharge letters electronically to GPs, but do not have updated details of the recipient.

While it is easy to identify what doesn't work, AMA (NSW) acknowledges that it is harder to find solutions to these problems.

Shared care

One area to pilot a shared IT solution would be in maternity shared care. This care is often shared over GPs, hospital clinics, hospital and private pathology, hospital and private radiology, and sometimes private specialist practice.

Women still carry around a yellow card and providers are required to duplicate entry of data onto their individual systems. This duplication is a waste of time and effort. A platform that works seamlessly across all providers' systems would be a good solution.

3 HEALTHY COMMUNITIES

There are many aspects to building healthy communities. Increasing the availability of nutritional food, opportunities for exercise, wellbeing awareness – these are just a few of the critical components to maintaining the overall health of NSW residents. Just as critical as providing and supporting these aspects of health, is the need to ensure access to these essentials is equal, and extends to residents in rural and regional communities, Indigenous Australians and those in the justice system. Underpinning all of this is a strong primary care sector.

Primary healthcare

Primary health care (PHC) is the frontline of the healthcare system and the first level of contact. It is scientifically sound, universally accessible and constitutes the basis for a continuing healthcare process. It provides comprehensive, coordinated and ongoing care by a suitably trained workforce comprised of multidisciplinary teams supported by integrated referral systems.

Strong primary care is central to an efficient, equitable and effective health system.

General practice is the cornerstone of successful primary healthcare, which underpins population health outcomes and is key to ensuring we have a high-quality, equitable and sustainable health system into the future.

Australia needs a comprehensive national primary care framework to improve patient care and prevention. There should be formal agreements between the Commonwealth and States to improve system management; and new funding, payment and organisational arrangements to help keep populations healthy and to provide care for the increasing number of older Australians

who live with complex and chronic conditions.

The Commonwealth needs to deliver real resources to frontline GP services. Whereas spending on general practice services represents around 8% of total Government spending on health and this proportion has remained relatively stable despite a growing workload, this figure should be lifted over time to around 10% as part of an effort to re-orientate the health system to focus more on general practice, with long-term savings to the health system anticipated in return. Simple reforms to Australia's health system could help save more than $320 million a year on avoidable hospital admissions and provide better care for people with diabetes, asthma, heart disease and other chronic conditions.

Integrated care

Integrated care is a much talked about buzzword in health policy, but remains a lofty ambition. Attempts to implement integrated care are often relegated to pilot projects that are too small, too under-resourced, too vague or too undermanaged to be effective as a system-wide approach to innovative healthcare. To successfully provide coordinated, seamless care, NSW needs to develop a practical approach to implementing integrated care programs across the State, and back these programs with adequate funding and resourcing.

Rural, Regional and remote health

A major funding commitment from the NSW Government is required to enable regional LHDs to address the inequities between regional and metropolitan access to specialist services.

The relative spend per individual through the Medicare Benefits Schedule in 2014-15 is $536 in remote areas, compared to $910 in major cities. This is equal to approximately 10 MBS services annually for people in remote Australia compared to 17 MBS services for people in major cities.

The National Rural Health Alliance suggests, "if the difference in MBS spending between the major cities and remote communities was made to remote health providers for service delivery, it would provide an additional $193.7 million per annum based on the 2015 population estimate. Such funding could be used to expand alternative models of health service delivery which have been implemented in remote communities."

Rural workforce

Despite record numbers of Australians entering medical programs over the past 15 years, and a commensurate and considerable expansion of graduations – we still face a rural doctor drought.

Failure to put in place strategies that will attract and retain medical graduates to positions in rural and regional NSW is not only a loss to those residents, but a waste of the money invested in medical education.

A regional and rural workforce strategy must be: safe, secure, supported and supervised.

Mental health

Almost half of Australians will experience a mental health disorder in their lifetime, and yet mental health services remain underfunded, badly resourced and poorly structured.

In many communities, public hospital emergency departments are the only service option for people experiencing an acute mental health crisis. However, public hospitals are not adequately resourced to address the needs of mental health patients. People with acute mental and behavioural conditions are not treated within the clinically recommended timeframe of 30 minutes; AIHW figures reveal 90% of people presenting with acute mental health crises left emergency departments within 11.5 hours, and almost 7,000 people who sought help from emergency departments for their acute mental and behavioural condition left before finishing treatment.

Long delays in treatment reflect shortages in mental health staff and constraints on admission capacity of hospitals. Additional and timelier access to acute care in public hospitals is required.

AMA (NSW) suggests transition care services need better support. Step-up and step-down high acuity residential care and resourced coordinated services under appropriate medical oversight are important alternatives to inpatient admission or for earlier hospital discharges.

TIME **FOR TEN**

Primary care funding represents approximately 8% of the total Government spending on health and has stayed at this level for years, despite a growing workload. AMA (NSW) calls for Government spending on general practice to be lifted to 10%.

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Mental health workforce

AMA (NSW) backs calls for increased numbers of funded psychiatrist trainee places, along with an increased investment in workforce training and support for other mental health workers, especially mental health nurses. Of particular concern is the maldistribution of psychiatrists, psychologists and other mental health service providers in regional areas. Other frontline workers, including Emergency Department staff, GPs, paediatricians, psychiatrists as well as psychologists and mental health nurses must be supported.

Indigenous health

There remains an unacceptable disparity in health outcomes for Aboriginal and Torres Strait Islander people. AMA (NSW) is committed to working in partnership with Aboriginal and Torres Strait Islander groups to advocate for State Government investment and co-ordinated strategies to improve health outcomes for Indigenous people.

The AMA has called on the Federal Government to commit to equitable, needs-based expenditure that recognises the Aboriginal and Torres Strait Islander burden of disease is 2.3 times greater than the non-Indigenous burden.

AMA (NSW) supports the principle that Aboriginal and Torres Strait Islander people have a leading role in identifying and responding to the nature and challenges of Aboriginal and Torres Strait Islander health, and that the medical profession has a responsibility to partner and support these efforts.

Justice health

Unprecedented growth in NSW's prison population is affecting medical professionals' ability to adequately address their healthcare needs. Of particular concern is the inability to cope with patients with mental health needs. Furthermore, improving healthcare for prisoners benefits the wider community and reduces recidivism.

The disparity in health between prisoners and juvenile detainees when compared to the wider community is stark. They are a highly vulnerable population. Prisoners and detainees have significantly higher health needs than the general population. They face higher levels of serious health conditions such as cancer, heart disease and diabetes, as well as poorer dental health, and a higher prevalence of disability, communicable diseases, and mental illness.

Many of those who become incarcerated have fallen through the gaps in access to community-based health and social services, including services for mental health, substance use, disability, family violence, and housing. Imprisonment can exacerbate and further entrench the social and health disadvantages that led to their imprisonment.

There is an opportunity to reach people in prison who have previously been unable to access health services. Addressing these health inequalities in prison has wider benefits for the general population, as improved healthcare to those who have been in custody reduces the likelihood that they will re-offend.

The steep increases in prison populations have put tremendous pressure on the system, and the risks that this imposes on both prisoners and staff cannot be ignored.

Forensic patients

Funding has not kept pace with the increase in the prison population, and inadequate medical staff-to-patient ratios are compounded by lack of access to beds.

There are insufficient forensic mental health beds in NSW – particularly medium secure and low secure beds. As a result, forensic patients are detained in prison without receiving appropriate treatment.

Obesity

Obesity is a national crisis and deserves a response that is commensurate with its prevalence and impact on individuals and society. Overweight and obesity was responsible for 7% of the total health burden in Australia in 2011, 63% of which was fatal burden.

Eating habits and levels of physical activity are influenced by many factors, including the health and behaviour of parents, genes, weight at birth, wealth, the social environment, the availability of healthy food and opportunities for activity.

As a result, a multi-pronged, whole-of-society approach is needed to adequately address this burgeoning problem.

Australia needs a strategic national plan to combat obesity that is coordinated by the Federal Government. The plan must outline specific national goals for reducing obesity and its health effects.

Government has the unique ability to influence and regulate people's behaviour through the use of taxation, financial penalties and incentives, subsidies and market interventions, policy and legislation, which can all be used to steer people into making healthier choices.

In addition, Governments at all levels should use available policy, regulatory and financial levers to improve overweight and obesity rates in the community. dr.

Who should speak for health?

NSW State Election health candidates reveal their top priorities, the greatest challenges facing the sector, and which public health issues they are most passionate about...

BRAD HAZZARD
MINISTER FOR HEALTH

Mr Hazzard stepped into the health portfolio more than two years ago. Since then, he has steered through a number of critical issues, including the Northern Beaches Hospital crisis and a new funding agreement with the Commonwealth. His message to voters is this...

HEALTH AFFECTS everyone. After two years as NSW Health Minister working with doctors, nurses, allied health and support staff, we have improved patient outcomes and experiences together.

To continue to do this and lead and support the largest health workforce in the country, one must create an environment of open, respectful communication and trust, and Labor doesn't have this.

Why? Because the Shadow Health Minister deliberately and consistently peddles misinformation to undermine public trust in the health system and the doctors and nurses who work so hard within it.

In an editorial, former AMA President (NSW) Brad Frankum blasted Walt Secord for his "reckless behaviour" which has affected both staff and patients, citing two shameful events as examples.

One was the "heartless references" to the tragic gas mix-up at Bankstown-Lidcombe Hospital that led to brain damage in the case of one baby and death in another. The other was holding up a photograph in Budget Estimates, sensationalising the grief of the family of a five-year-old child who passed away after being sent home from Hornsby Hospital. Sadly these actions are not in isolation.

As Dr Frankum rightly stated, "hysteria and blame makes our [health] system weaker". It undermines trust in our doctors and nurses and "distracts from the thousands of positive interactions our community has with the public hospital system every day". And the NSW public health system has much to be proud of:

- Best on-time elective surgery performance in the country. Despite doing 21,679 more elective surgeries in 2017/18 as compared to 2010/11 under Labor, less patients in 2017/18 waited more than a year. And this was achieved during one of the worst flu outbreaks in history.
- Largest-ever investment in workforce with the addition of 16,000 extra frontline health workers since 2011 and more recently, the addition of 750 paramedics and call centre staff.
- More than 100 new and upgraded hospitals and health facilities across the state, including more than 60 in regional NSW with another 100 projects underway.
- NSW has achieved its highest vaccination rates ever thanks to the incredible work of health staff and record investment in innovative immunisation programs by the NSW Government.

But clearly there is more to do. In particular, efforts must continue to try and support a far better culture in hospitals where all staff are valued. There must be a concentrated push against a long established culture which too often has negative outcomes for staff and indirectly patients.

Tomorrow is full of promise. Rolling out the incredible tele-health advances means patients in far flung parts of NSW will progressively get the expertise of our leading medical specialists. Improving the e-platforms to ensure continuity of care through better sharing of patient information between community health, hospitals and GPs will bring vast improvements in patient care. Building on our record workforce numbers will also form part of the Liberal National Government's focus.

Ensuring we attack the 21st century's population health issues such as diabetes and cardiac disease will be front and centre. Ensuring NSW medical research continues to advance including proteomics, genomics and immunotherapy that are leading to very targeted treatments also remains a priority.

Almost one third of the entire State budget goes on NSW health and so the challenge is to ensure these issues are all addressed in a way that reflects the ever increasing pressure on taxpayers' funds. dr.

DAWN WALKER

GREENS' HEALTH SPOKESPERSON

Ms Walker called on the NSW Government to reverse its decision to downgrade Mona Vale Hospital. Her top priorities for health are...

- **Increasing resources for community based public services providing early-intervention programs for mental health issues.**
- **Support provision of public mental-health services within schools and other educational institutions, so that young people are able to access support.**
- **Support preventative and educational campaigns, in concert with policies that are shown to reduce harm to assist people suffering from alcohol and drug addiction.**
- **Implement evidence-based policies to limit alcohol-related harm, such as limiting exposure to alcohol advertising, particularly for children and young people.**
- **Funding for public short, medium and long-term rehabilitation programs that support people with drug and alcohol issues.**
- **Ensuring that funding for health addresses pressing health problems such as hospital waiting lists, deficiencies in rural health services and dental health, including the needs of high priority populations groups.**

Our public health system is under assault from privatisation. We must stop the 'Americanisation' of our public health system by ending all plans to privatise hospitals across NSW. The Liberal and National's addiction to privatisation is undermining our public health system

at a time when we need historic public investment in our hospitals.

Publicly run hospitals can deliver medical services more efficiently, cheaply and will continue to do complex and costly medical procedures, even when they don't return a profit.

The NSW Government has already been forced to abandon plans to privatise the privatisation of several hospitals across NSW, but has still pursued public-private partnerships elsewhere, like the new Northern Beaches Hospital that has been plagued with issues since opening.

We must stop the failed privatisation agenda of our public hospitals and ensure our health system remains in public hands.

Everyone has the right to timely, quality health care and the fairest, most efficient way to achieve this is a well-resourced public system. Primary health care, health promotion and illness prevention are fundamental components of an effective and sustainable public health system and Governments must accept responsibility for providing quality public health care services. The NSW government should not be allowed to use devolution of services to shift the blame for funding shortfalls and other policy failures to Local Health Districts.

The Greens are committed to increasing funding for public mental-health services, including increasing resources for community based public services providing early-intervention programs for mental health issues.

Mental health needs to be treated like any other part of our health system, with a range of different preventative programs and treatment options available to the public. Mental health services, particularly preventative services, should not just be available to the people that can afford them, but everyone in the community. dr.

WALT SECORD

OPPOSITION HEALTH SPOKESPERSON

A staunch advocate for a strong public sector, Mr Secord has promised Labor would 'properly staff and resource' hospitals in a bid to cut elective surgery waiting lists. His promise to voters is...

THE FORTHCOMING State election will be a referendum on the contrasting priorities to health care in NSW between Labor and the Liberal-National Coalition.

While the Berejiklian Government are splurging more than $2.2 billion on sporting stadiums, Labor will properly support and invest in the hardworking medical staff including doctors, nurses, paramedics and hospital workers in our State's health facilities.

Yes, we will build new hospitals and facilities where they are needed, but we will ensure we have a properly integrated health and hospital system which provides world class quality healthcare for all – regardless of where they live.

As well as bricks and mortar, we will ensure that there are properly resourced and highly trained medical professionals

in our State's health system. I have often said that there is no point in building a new hospital wing or operating theatre, if there are not enough staff in them.

A Daley Labor Government will deliver a cohesive and comprehensive health policy which benefits the entire community.

As future Health Minister in a Daley Labor Government, my role will be to represent the interests of patients, but it is also to secure the appropriate support for our State's hardworking staff so they can continue to provide quality health care.

In addition, Labor will be able working with key health bodies including the Australian Medical Association, Rural Doctors Association of NSW, Australian Salaried Medical Officers Federation of NSW, the NSW Nurses and Midwives Association and the Health Services Union to improve patient outcomes.

Furthermore, we will work in partnership with a Federal Government to ensure that NSW patients and health workers including doctors get their fair share of funding and resources.

In short, my job will be to secure the appropriate resources so doctors can do their jobs – caring for patients.

Doctors make clinical decisions and my role will simply be to provide the support and resources so that they can do this in a safe, efficient manner to benefit our patients.

The greatest challenge facing the NSW health sector is the NSW Liberals and Nationals' ideological obsession with the privatisation of hospital services. In 2016, they also tried to privatise Shellharbour, Goulburn, Wyong, Maitland and Bowral hospitals. They only shelved the plans when the community rose up to oppose them.

We have seen at the beleaguered private-public partnership model, the Northern Beaches Hospital as the latest example of the Liberals and Nationals' privatisation. It hurts both patients and hard-working medical staff.

Unfortunately, in the last eight years, the NSW Liberals and Nationals have only opened a single hospital and it was the Northern Beaches hospital. This facility has lurched from crisis to crisis. There has been a litany of problems, including a lack of the most basic medical supplies, resignation of staff, overworked junior doctors and cancellations of elective surgery.

Disappointingly, the Premier characterised these matters as "teething problems".

On top of this, the NSW Health Minister in early December attacked brave senior doctors for speaking out, saying they were "unnecessarily airing the hospital's dirty laundry" and that they should "get on with the job".

True to form, once we get past the State election, the Liberals and Nationals will return to their privatisation agenda.

Put simply, Labor is about a strong and supported public health system. We will not undertake any privatisations of the public health system. Instead, we have already committed to public hospitals in Sydney's North West, Eurobodalla on the South Coast and Taree on the mid-North Coast.

For those who have known me as the Shadow Health Minister for more than four years, my personal history makes me passionate about vaccinations and countering the anti-vaccination movement.

As the child of a bi-cultural family, I grew up in rural Canada in a First Nation Indigenous community – where I saw first-hand the devastating impact of the failure to properly vaccinate against preventable diseases like polio.

That is why I believe that we must take every step to drive up vaccination rates. We have a shared responsibility to protect the entire community and we must ensure that we have the highest rate possible to protect those who are unable to be vaccinated such as patients undergoing chemotherapy are protected.

> "Yes, we will build new hospitals and facilities where they are needed, but we will ensure we have a properly integrated health and hospital system which provides world class quality healthcare for all – regardless of where they live."

Since Christmas, we have seen more than a dozen confirmed cases of measles in NSW and the appearance last year of diphtheria and other diseases we should have eradicated.

As a proactive measure, Labor is looking at new ways to protect the community. That is why we will introduce a policy to vaccinate rural workers and agricultural teachers and students against Q fever.

I believe the Berejiklian Government has dropped the ball on vaccinations and have been reluctant to fight the anti-vaccination movement on the State's North Coast and in Sydney's east and northern beaches.

I firmly believe that no one has a right to infect their children or anyone else's child.

In fact, I will look at ways to further drive up vaccination rates in NSW. dr.

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O WEEK

The number of new interns in NSW cracked 1000 this year – the largest intake ever in State history.

THIS YEAR, NSW PLACED 1021 interns – up from 999 in 2018 – into the State hospital system.

The number of intern placements has been slowly creeping up over the last five years, as the Government has increased spending – investing $107 million in 2019.

The AMA (NSW) / ASMOF (NSW) Alliance attended orientation week events across NSW to welcome the interns, and to let them know that as they move through compulsory terms in the specialties of medicine, surgery and emergency, the Alliance will be working on their behalf on the issues that affect them most, including rostering and overtime, bullying and harassment, doctors' health and wellbeing, and more.

We already scored significant wins on behalf of doctors-in-training – most recently on mandatory training.

During O Week, we repeatedly heard that many hospitals require doctors-in-training to undertake mandatory training in their own time or do not provide sufficient paid time for mandatory training.

Health Minister Brad Hazzard was given a deadline of 8 February to resolve the issue or it would be taken to the Industrial Relations Commission. The deadline was delivered in a letter and followed by a meeting with the Minister, where we impressed upon him the importance of valuing doctors-in-training.

As a result, the Minister confirmed mandatory training would be undertaken in working hours. Mr Hazzard also agreed to ask Local Health Districts to review those interns who may have already undertaken mandatory training without pay and consider suitable arrangements to address that situation.

The change in policy is a significant win for doctors-in-training and a signal from NSW Health that the contribution made by doctors-in-training to the hospital system is valued.

We will be following up with Local Health Districts to confirm the arrangements have been put in place.

We are currently advocating for the NSW Government to overhaul the outdated Public Hospital (Medical Officers) Award, which hasn't been updated in 30 years.

NSW doctors-in-training are among the lowest paid in the country.

In 2012, the NSW Government introduced a new wages policy which has severely restricted any prospect of modernising the Award.

The changes in policy and regulation prohibit NSW Health from changing conditions of employment which will increase salary-related costs by more than 2.5% without equivalent cost offsets.

Another key issue for the Alliance is its continued advocacy on unrostered overtime.

The 2018 Hospital Health Check survey revealed that 64% worked greater than 10 hours in addition to their rostered 80-hour fortnight with 6.7% of those respondents working in excess of 25 additional hours.

For those working unrostered overtime, 39.2% did not claim any compensation for those hours worked. For those who did claim unrostered overtime, 51.42% reported that the entire amount was usually paid, and 17.22% responded that more than half of it was paid.

We are pleased to see NSW Health commit to policy change regarding unrostered overtime – and while it's not everything the Alliance asked for, it is a significant step in the right direction.

Good luck in 2019! dr.


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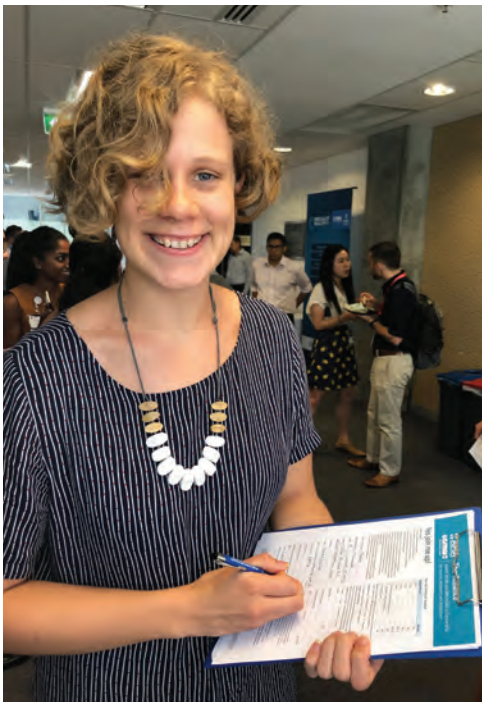


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HITTING THE PAUSE BUTTON

Sometimes you have to see it to believe it, but your journey through medicine doesn't have to be a straight line, writes Dr Ashna Basu.

Dr Ashna Basu
MASTER OF HEALTH MANAGEMENT STUDENT

AS MY COHORT – the class of 2018 – started their first day as new interns, I felt trepidation, nerves, and excitement. But while they felt those emotions as they stepped into their new hospitals for the first time, I felt them vicariously, sympathetically, from home.

For as long as I can remember, I did things... ASAP. I got my learner licence as soon as I was of age, sat my restricted licence test the very day I became eligible, and even got an age exemption to get my full licence six months early. I never took a gap year and, to be honest, I rarely took a break.

I've loved medical school and the opportunities I've had throughout university. I spent six years training to be a doctor, led the NSW Medical Students' Council, spent two years as a board director at Arc, sat on AMA (NSW)'s Council and performed in myriad shows.

I wouldn't change a thing. But, at the end of six years, I was tired. It's often remarked that medical training feels like a conveyor belt. You finish medical school, do your internship, spend time as an RMO, and then commence a training program. I stepped off the conveyor belt.

In 2018, I spent some time working with McKinsey & Company in management consulting and absolutely loved it. But, I still loved medicine and hadn't lost my zeal for being a doctor. I had no idea what 2019 would look like – I had a guaranteed JMO spot in NSW, a grad offer from McKinsey and... no idea which one I would choose.

So, I chose neither. I'd been eyeing up UNSW's Master of Health Management program for months and had initially assumed I would do it during my internship year. But then I remembered someone a few years above me had taken a year off between medical school and internship and did an MPH in the interim. The power of role modelling is immense. I knew that – in theory – it could be done, but these things still feel impossible until you see someone else do them. Everything clicked. I needed a break, I needed a year off.

When the HETI internship deadline passed and I told McKinsey I couldn't take up their offer yet, I felt relieved. I needed a year without structure, without morning alarms, and with different projects that excite me.

So, I enrolled in my Master of Health Management by distance, continued my role as a staff member within UNSW Colleges, and took up a flexible, independent consulting position with UNSW. At first, I thought I was choosing neither medicine nor consulting. But, in helping the university improve its health and mental health services, I'll be able to enjoy both – in a role where I define my hours.

What will 2019 look like? Flexible. Fun. A lot of learning, about literally anything that takes my fancy. I want to learn about dinosaurs – previously thought to be the domain of palaeontologists, four year olds, and the parents of four year olds. And after that, 2020 and beyond? Who knows! I want to complete my internship and pursue psychiatry. I want to be a wonderful doctor, and I'll be at my best after I take a break.

Medical school is a long journey, especially when you consider the hard slog at high school just to get in. We've normalised the gap year between school and university, but there are so many other stages where you can hit pause – before internship, before training, or even during. I only realised these options were available when I saw senior peers take them, so I'm determined to publicise their existence. I'm aware that my 'gap year' is quite full, and still contains both study and work. Some people might want to spend that time travelling – there are any number of options. But that's just it: we have options. In the grand scheme of things, a year is nothing. But when you're tired and need a break, that year is everything. dr.

Termination of VMO CONTRACTS

A VMO contract may be terminated in certain circumstances; however, there are a number of arguments you could make should you wish to challenge a termination of contract decision. Andrew Campbell explains...

Andrew Campbell
MANAGER
INDUSTRIAL RELATIONS

CHAPTER 8 OF THE Health Services Act 1997 (the Act) governs the engagement of Visiting Medical Officers (VMOs) in NSW public hospitals.
The Act provides for the creation of the VMO Sessional and Fee-for-Service Determinations, which in turn outline the manner in which a VMO contract may be terminated.

Setting aside other factors such as AHPRA registration status changes, or changes in the VMO's capability to provide the requisite services, the Determinations provide that a VMO contract may be terminated in the following circumstances:

1. Three months' notice in writing given by either party (less by mutual agreement);
2. Four weeks' notice given by the VMO following an unresolved dispute regarding the volume of services to be provided in the coming year;
3. Upon expiry of the contract term (there is no automatic right to reappointment without advertisement of the position); or
4. Immediately by the Local Health District (LHD) if the VMO engages in serious and wilful misconduct.

If a VMO's contract is terminated for serious and wilful misconduct, the VMO may be listed on the NSW Health Service Check Register. This listing prevents the VMO from working in other NSW public hospitals until their name is removed from the register. The VMO may also be required to notify all private hospitals at which they hold accreditation.

Should a VMO wish to challenge a termination of contract decision under points 3 or 4, the VMO may in most circumstances appeal to the Minister for Health under section 106 of the Act. The Minister must appoint a Committee of Review (Committee) to determine the appeal. The Committee will typically consist of following four people:

1. An Australian lawyer of seven years' standing;
2. A doctor nominated by AMA (NSW);
3. A doctor appointed by the Minister; and
4. A consumer representative appointed by the Minister.

A VMO doesn't have a right of appeal in certain circumstances e.g. where their role no longer exists or has been replaced with a Staff Specialist position.

During the appeal, the VMO will present his or her case as to the reasons why the termination of contract decision should be overturned. One argument may be that the decision maker didn't properly consider all available evidence relevant to the matter. Another argument may be that an investigation report relied upon by the decision maker was flawed. The VMO may be legally represented at the hearing with the consent of the LHD.

Following the hearing, the Committee will deliberate at length and provide a decision in writing as to the outcome of the appeal. Should the appeal be successful, the LHD is required to immediately reinstate the VMO. Should the original decision be upheld, the VMO may wish to seek professional advice as to whether judicial review of the Committee's decision is available.

VMOs who have had their contracts suspended or terminated, or have concerns that this may happen, should contact both AMA (NSW) and their Medical Defence Organisation as soon as practicable.

Should you have any further questions regarding the termination of VMO contracts, please contact Andrew Campbell at 02 9439 8822 or andrew.campbell@amansw.com.au. dr.

Please note that the above is not intended to be legal advice nor should it be relied upon as such. AMA (NSW) members are entitled to a no-cost 30-minute telephone consultation with one of our referral partners, which may be accessed by contacting the Professional Services team at 02 9439 8822 or professionalservices@amansw.com.au.

Insurer publishes erroneous billing information

AMA (NSW) was contacted by a concerned anaesthetist member regarding information that had been provided to one of his patients by a private health insurance (PHI) company.

In an email to the patient, the private health insurer provided figures which purported to be the average out-of-pocket (OOP) costs for this doctor as well as 25 other anaesthetists in the region. The member noted that the average OOP expense quoted was significantly greater than what he normally charged.

The insurer's email to the patient made the following statement about the fees of the anaesthetists living in the patient's catchment area.

"From the review of this [sic] data this appears to be one of the most expensive regions we have… The amount they are charging is so far above anaesthetists anywhere else."

AMA (NSW) reviewed the average OOP costs of some of the other anaesthetists named in the email. We learnt that the fees quoted by the insurer were of an order of magnitude 10 times greater than their actual fees. For example, one anaesthetist charged an average OOP of under $200 in the calculated period but was quoted by the insurer as charging well over $3,300 average OOP cost.

AMA (NSW) contacted the insurer, who admitted the error and committed to contacting the patient and all the anaesthetists involved to apologise for the mistake. The insurer had inadvertently published the total OOP costs charged to customers over a 12-month period. The insurer stated that the figures had been specifically generated for that customer and had not been published to any other customers or in any other forum.

This issue raises the broader question of the publication of specialists' fees by PHI companies, and the risks posed by those companies who do not properly check their facts. This example only came to light because a concerned patient had contacted a doctor to discuss the figures.

Do you have any concerns regarding the publication of fees by PHI companies?

Please contact Andrew Campbell at 9439 8822 or andrew.campbell@amansw.com.au. dr.

NEWS IN BRIEF

Referral brokers undermining clinical care

AMA (NSW) HAS JOINED the Australian Diagnostic Imaging Association (ADIA) in urging the NSW Government to clamp down on the referral broker model.

Both groups are calling on the NSW Government to introduce regulations to safeguard the integrity of the referral process; ensuring referrals for medical services are based on the patient's clinical need – not commercial interest.

The campaign was developed in response to increasing use of referral brokers. A survey of ADIA members revealed referral brokers control 10-40% of radiology referrals for workers compensation and other third-party insurers, depending on the region of NSW.

Under the referral broker model, referring clinicians request specialist services such as radiology through a referral broker, rather than directly to a provider – often at the direction of an insurer. Some referrers are incentivised through the payment of commissions.

It is understood that referrals are directed to providers who have contractual arrangements with the broker. Providers offer a cut rate in exchange for a bulk number of deals and the broker receives the difference between the fee paid by the insurer and the rate paid to the provider.

It is understood that the referral broker handles the booking arrangements and paperwork. ADIA members report patients have been contacted by a referral broker and redirected from the practice their GP or specialist referred them to.

According to the ADIA survey, in some circumstances, patients are told by referral brokers that their insurance claim will only be valid if made through a referral broker to a 'preferred' provider in circumstances where this may not be true. There are also claims that completed referral forms are being changed by the referral broker.

Critics of the referral broker model claim it incentivises referrers and influences clinical decisions.

There are also concerns that patient trust is compromised, as patients cannot be certain that they are being referred to a provider based on what their treating doctor has deemed to be in their best interest. There is no onus on clinicians to disclose benefits they receive from referral brokers.

The referral broker model also interrupts the direct flow of communication between clinicians and radiologists.

The referral model could impact patient outcomes, particularly in complex cases where clinicians advise patients to attend a radiologist with sub-specialist expertise.

Lastly, there are concerns

that patient privacy is at risk of being breached in instances where patient information is sent to a referral broker, rather than directly to the referring clinician.

The referral broker model highlights the need to establish a legislative or regulatory framework to safeguard patients against the monetisation of clinical decisions.

Whilst Medicare has rules in place to protect the quality and safety of medical services, there currently does not exist a similar framework for non-Medicare services – except where the insurer stipulates that referrers and providers follow Medicare rules. However, even in those cases, the rules do not directly cover the risks associated with the referral broking model.

Under Part IIBA of the Health Insurance Act 1973 (prohibited practices legislation), providing a benefit intended to induce requests for radiology and pathology services covered by Medicare from a particular provider attracts both criminal and civil penalties. These provisions do not apply to non-Medicare services.

AMA (NSW) and ADIA are recommending:

1. Insurers be required to pay the gazetted rates for services;
2. That the NSW Government prohibit the use of a referral broker or intermediary;
3. That only providers of medical services be permitted to issue request forms;
4. That referrers be prohibited from receiving benefits from a provider of a medical service, or a related third party;
5. That all medical documents (including patient images) be sent to the referrer and/or patient, and that referral brokers be prohibited from requesting or accessing patient documents.

Other jurisdictions have recognised the threat to clinical care posed by referral brokers. WorkCover Queensland introduced service level standards for MRI services to worker's compensation patients in 2014. The standards require insurers to pay radiology providers directly for MRI scans provided to workers compensation patients. dr.

CHANGES TO IMPACT ONCOLOGISTS

New legislation will impact oncologists who treat firefighters – potentially increasing demand for medico-legal examinations and reports.

The NSW Government passed the Workers Compensation Legislation Amendment (Firefighters) Bill 2018 in November.

The legislation makes it easier for eligible firefighters diagnosed with specified primary cancers to claim workers compensation entitlements.

The new law enables paid and volunteer firefighters diagnosed with one of 12 specified primary cancers, who also meet corresponding qualifying employment or volunteer service periods, to automatically be presumed to have developed the cancer because of their firefighting work or service.

The automatic presumption applies to eligible firefighters who were diagnosed with any of the 12 primary cancers on or after 27 September 2018.

A firefighter who previously had a claim denied because they were unable to prove a link between the cancer and their employment, can make a new claim under the presumption.

Under the changes, oncologists providing treatment services to firefighters with an accepted claim must contact their patient's workers compensation insurer regarding pre-approval for planned treatment and billing for services provided.

Paid, volunteer, current and former firefighters from the following organisations can access the presumption:

- **Fire and Rescue NSW**
- **NSW Rural Fire Service**
- **Office of Environment and Heritage (NSW National Parks and Wildlife Service)**
- **Forestry Corporation of NSW**
- **Sydney Trains**

The presumption does not apply to volunteers in a NSW Fire and Rescue Community Fire Unit.

While there is no post-employment time limitation on making a claim, an insurer can dispute the presumption by proving that the claimant's cancer is not related to their past or present work or volunteer service as a firefighter.

Learn more about the new workers compensation reforms at www.sira.nsw.gov.au. dr.

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GOLD Pays up to the AMA list of medical services and fees	Top Cover + Extras	$400 Gift Card	$800 Gift Card

Join the health fund created exclusively for the medical community by calling

1800 226 126

or visiting doctorshealthfund.com.au

[1] www.health.gov.au - Average premium increases by insurer by year [2] Doctors' Health Fund Member Satisfaction Survey 2011-2018

*To be eligible for the offer, the cover start date and join entry date must be between 12.59 AM (AEST) 4 March 2019 and 11.59 PM (AEST) 30 April 2019. This offer is only available to those eligible to join Doctors' Health Fund and who do not currently hold, or have in the last 12 months held, insurance with Doctors' Health Fund. The new member must take out combined Hospital and Extras cover to be eligible for the Gift Card, and must be active and financial for 12 continuous weeks before the gift card will be issued. Only one Westfield XS Eftpos Gift Card will be provided per policy as follows: a) $200 when purchasing a single Smart Starter hospital cover and any extras cover policy; b) $400 when purchasing a couples Smart Starter hospital cover and any extras cover policy; c) $300 when purchasing a single Prime Choice hospital cover and any extras cover policy; d) $600 when purchasing a couples/family/single-parent Prime Choice hospital cover and any extras cover policy; e) $400 when purchasing a single Top Cover hospital cover policy and any extras cover policy; or f) $800 when purchasing a couples/family/single-parent Top Cover hospital cover and any extras cover policy. If the level of cover changes within the first 12 weeks, the value of the gift card will be determined by the lowest level of cover held in that period. This offer is not available with other offers. You should look to the product issuer for all warranties, terms and conditions. The Westfield XS Eftpos Gift Card is valid for redemption 3 years from issue. Westfield Gift Card terms and conditions apply, for more terms and conditions, visit www.westfieldgiftcards.com.au. Private health insurance products are issued by The Doctors' Health Fund Pty Limited, ABN 68 001 417 527 (Doctors' Health Fund), a member of the Avant Mutual Group. Cover is subject to the terms and conditions (including waiting periods, limitations and exclusions) of the individual policy. For full terms & conditions visit www.doctorshealthfund.com.au/xs-giftcard

DHF 263_2/19

YOUR **RECORD KEEPING** AND **PAYSLIP** OBLIGATIONS

Under new laws, there is a reverse onus of proof meaning employers will now have to disprove wage claims made against them in a court.

NEW LAWS make it more important than ever for employers to comply with payslip and record keeping obligations.

In September 2017, changes were made to the Fair Work Act to protect vulnerable workers. The changes followed the 7-Eleven scandal and other cases of systematic underpayment and non-compliance with workplace laws.

Under the new laws, employers who don't meet record keeping or payslip obligations – and can't give a reasonable excuse – now need to disprove wage claims made against them in a court. This is referred to as a 'reverse onus of proof'.

If an employee claims there is a breach and the employer didn't keep the right records, make those records available, or give them a payslip, the employer needs to prove that they did pay the employee correctly or gave them the right entitlements.

The new laws were utilised for the first time in January 2019 when the the Fair Work Ombudsman (FWO) commenced proceedings in the Federal Circuit Court against an employer that was audited by Fair Work Inspectors.

FWO alleges that between October and December 2017 the employer breached workplace laws by failing to keep proper time and wages records and failing to issue payslips to employees. It also alleges that nine workers were underpaid their entitlements under the relevant Modern Award.

The employer faces penalties of up to $63,000 per contravention. Individual company directors are also facing penalties of up to $12,600 for their alleged involvement. This is despite the alleged underpayments being rectified.

YOUR OBLIGATIONS

It is apparent that FWO will make full use of the new laws to protect the minimum entitlements of workers. If the proceedings are successful, it is likely to lower the barriers to future prosecutions.

FWO periodically audits businesses as part of its compliance and education campaign. We are aware that some of our members have been audited as part of FWO's proactive auditing activity.

Employers should be prepared. In order to discharge the reverse onus of proof, and avoid being involved in any legal action, it is now more important than ever to comply with payslip and record keeping obligations.

MORE INFORMATION

To read more about the payslip and record-keeping go to www.fairwork.gov.au/pay/pay-slips-and-record-keeping.

If you have any questions, please contact the Professional Services team by emailing professionalservices@amansw.com.au.

REVIEW YOUR REPORTING

Another good reason to review your payroll and record keeping systems is the new Single Touch Payroll (STP) reporting requirements.

Employers with 20 or more employees have been required to report through STP since 1 July 2018. The requirements will be extended to employers with 19 or less employees starting 1 July 2019. STP reporting is done directly through an employer's payroll software. It allows employers to report their employees' payroll and super information from their internal payroll systems to the ATO each payday. You can read more about STP at www.ato.gov.au/Business/Single-Touch-Payroll/.

How do you comply? If you have an existing payroll solution (e.g. a software system such as Xero or MYOB), talk to your provider as your payroll software may need to be updated to offer STP reporting. If you don't have an existing payroll solution (e.g. because you have been doing manual or paper-based reporting), then you will need to consider your payroll software options.

The ATO acknowledges that this comes at an additional cost for employers and has asked software developers to build low cost solutions at or below $10 per month for smaller employers by 1 July 2019. It is anticipated that the transition to digital connectivity will bring significant time savings in payroll processing.

The 1 July 2019 deadline is fast approaching. To avoid getting caught in a rush to become compliant, you may want to look into the STP reporting requirements sooner rather than later.

By Russell Price
Director at Specialist Wealth Group

Children's education funding

You want to give your kids the very best chance in life, but those private school fees are not cheap!

As we head into the start of a new year, many parents are thinking about the onset of school fees and how best to plan ahead for them. Starting early and investing carefully is always best. That being said, it's never too late to start a savings plan to cover the cost of education and minimise their impact on your overall financial plan.

Funding your child's education with a tax-effective, flexible and manageable investment strategy is not as difficult as you might think, but it is a prospect that all parents must eventually confront. One thing is for sure – there's no such thing as a free education, and costs vary widely between the public and private sectors.

The current cost of education can exceed $30,000pa for private secondary school fees, particularly when you then consider the 'add ons' of additional tuition, excursions, uniforms, sporting gear - the list goes on. Just like any major expense in life, it pays to have a well thought out financial plan in place early to help manage the expense.

Education System	Starting from	Up to (Primary)	Up to (Secondary)
Government Levy	$0	$1,000	$1,500
Catholic fees	$100	$5,000	$10,000
Private School fees	$5,000	$25,000	$30,000
Boarding fees	$9,000	$25,000	$25,000

START BY:

Considering the costs of different schools and what you're looking to achieve.

The first step is to look carefully at the different types of education available to you and decide what you think would be best for your child, and most realistic for your budget.

There are three main options: a public education, a Catholic (or other religion-based) education, or a private education (religiously affiliated or not).

The Catholic and private system are both fee paying, but the fees in the Catholic system are usually substantially less than those in the private system. Obviously, public education is the least expensive option, as it is mostly funded by the Government.

Regardless of the style of education, it's important to remember that tuition fees are not the only cost. As mentioned previously, uniforms, stationery, extra-curricular activities, before and after school care and other incidentals can add significantly to the overall cost.

NEXT:

Choose an investment strategy that matches your goals.

Your choice of investment should be influenced by a number of factors – but the most important is your timeframe. The longer you have to invest, the greater the chance you will meet your goal, and the more flexibility you will have in choosing your investment options.

Investing is all about time invested versus risk and return. The higher the risk you take on, the higher the return you should expect, but again, the timeframe is all important. Equities, for example, which have historically performed well over the longer term, are more volatile over the short-term than some other assets such as fixed interest, term deposits or bonds, making them better suited to the long-term investor.

LASTLY:

Choose a flexible, tax-effective investment strategy.

For a long-term financial goal, such as education or any other future purpose, an investment strategy worth considering is one that allows you to contribute regularly, is tax-effective and has the ability to achieve both growth and yield targets effectively.

Ideally suited to saving for education

What about an investment that will release a return that is tax-free on maturity? One that has the ability to borrow and allows you to choose from a range of underlying investment portfolios and risk profiles, ranging from equities to fixed interest, cash, or a mixture of each, depending on the amount of time you intend to invest and your goal? You can see it's more than just savings accounts, term deposits and managed funds!

SPECIALIST WEALTH GROUP

Contact an adviser at Specialist Wealth Group on 1300 008 002 to discuss your portfolio today.

AMA NEW SOUTH WALES
PREFERRED PARTNER

Australia Day Honours congratulations

A number of AMA (NSW) members have been recognised for their contribution to medicine.

MEMBER (AM) IN THE GENERAL DIVISION:

Dr Andrew James BROOKS
Mosman NSW 2088
For significant service to medicine, and to medical education, in the fields of urology and oncology.

Professor Paul Steven HABER
Coogee NSW 2034
For significant service to medical education and research, particularly in the field of addiction medicine.

Dr Adrian Donald HIBBERD
Newcastle NSW 2300
For significant service to medicine, and to medical research, in the field of renal transplantation.

Professor Matthew Colm KIERNAN
Darling Point NSW 2027
For significant service to medicine, and to medical education, in the field of neurology.

MEDAL (OAM) IN THE GENERAL DIVISION

Dr Adrian Mark ALLEN
Walcha NSW 2354
For service to medicine, and to the community of Walcha.

Dr Peter Ian DAVIDSON
Cowra NSW 2794
For service to medicine as a general practitioner.

Dr Christopher Peter DODDS
Roseville NSW 2069
For service to medicine as an anaesthetist.

Dr Francis John HARVEY
NSW
For service to medicine as an orthopaedic surgeon.

Dr Christopher John LOWRY
Lennox Head NSW 2478
For service to medicine as an anaesthetist.

Dr Jennifer Lee McARTHUR (CHAMBERS)
King Creek NSW 2446
For service to medicine as a vascular surgeon.

Dr Robert Graham MARR
Balmain East NSW 2041
For service to medicine through a range of roles.

Dr Sujon Kumar PURKAYASTHA
Bella Vista NSW 2153
For service to medicine as an obstetrician and gynaecologist.

A/Prof Jaswinder Singh SAMRA
Longueville NSW 2066
For service to medicine as a pancreatic specialist.

Dr Richard Murray TOOTH RFD
Woolwich NSW 2110
For service to medicine as an orthopaedic specialist. dr.

DOCTORS' WELLNESS A NATIONAL FORUM

AUSTRALASIAN Doctors' Health Network is hosting a National Forum on Doctors' Wellness.

Attendees are invited to participate in a new conversation to shape a positive future.

The Forum was developed in acknowledgement of the health issues of doctors, the stressors associated with the profession and the barriers that exist to seeking help.

This Forum will focus on practical strategies to enable cultural and organisational change.

The Forum will be followed by a Research Forum from 3pm-5pm for those participants interested in establishing a National Centre of Excellence in Physician Health. Researchers from different institutions are launching different projects examining doctors' health. This will give researchers an opportunity to work collaboratively with the internationally recognised expertise of the doctors' health services to progress research in the important field of physician health.

Both events will be held Thursday 21 March 2019 at Park Royal Airport, Melbourne. Registration is $80 per person, $25 for medical students, $40 for Research Forum only.

For further information go to https://www.eventbrite.com.au/e/national-forum-on-doctors-wellness-tickets-53380073236. dr.

National Digital Health Strategy drives investment in technology

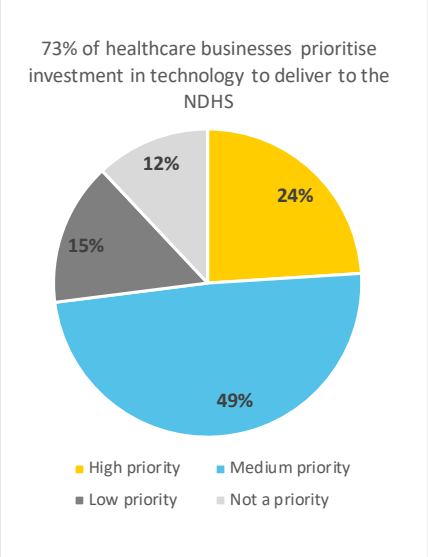
Technology has a critical role in enabling healthcare providers to meet the growing demands on them. Ultimately technology, supported by data, will be key to delivering better health outcomes and improved patient experiences at a sustainable cost.

This is at the heart of Australia's National Digital Health Strategy. It recognises that digital information is a crucial enabler of quality healthcare and can help to save and improve lives, regardless of a patient's location. The strategy is also intended to help the sector navigate what is a dynamic and challenging environment.

CommBank will soon be releasing the third annual Healthcare Business Insights Report, examining the role of technology in the sector and the emerging technologies that are attracting investment. The report is based on an online survey of 275 decision-makers and 295 employees in the Healthcare and Social Assistance sector across metropolitan and regional Australia. Participants come from six sub-sectors – hospitals, general practice medical services, specialist medical services, allied health services, aged care and other social assistance services.

As part of the survey, decision-makers were asked to what extent they are prioritising technology investments to ensure they can deliver to the principles of the National Digital Health Strategy.

The research, being exclusively pre-released to AMA (NSW) members, shows that nearly three-quarters of them place high or medium priority on meeting the government's digital health strategy in the context of their technology investment.



Significant differences exist between the sub-sectors outlined in the report. While overall, 24% of decision-makers report that the principles of the National Digital Health Strategy are a high priority when investing in technology, this percentage jumps to 50% among decision-makers at hospitals.

Another sub-sector assigning the digital health strategy high priority in technology investment is specialist medical services. Almost one-third of specialist decision-makers surveyed give the strategy high priority.

While the majority of GPs consider the strategy as either high or medium priority, other CommBank research suggests GPs' investment in technology is also a response to patient demand and their highly competitive market.

CommBank's GP Insights Report released in 2018, reported that 66% of GPs want to grow their practices yet 98% of patients are loyal to their GP or practice. Investment in technology is one way for GPs to differentiate themselves and attract patients, as well as deliver quality care.

Indeed, the GP Insights Report found that more than 81% of Australian consumers believe that GPs who adopt the latest technologies and communication channels will deliver a better patient experience, while 76% of GPs agree that these factors can improve the quality of care. Thus 85% of GPs are set to increase their budgets in this area as they seek to incorporate more technology solutions into their practices.

The Healthcare Insights Report, to be launched mid-2019, contains useful insights including how the attitudes and behaviours of the sector's most innovative organisations differ from the rest of the sector. It will be launched later this year.

CommonwealthBank

For access to our full suite of Healthcare industry insights reports, please visit commbank.com.au/healthcareinsights

AMA NEW SOUTH WALES
PREFERRED PARTNER

Disclaimer: Information provided via this article and all services provided by Commonwealth Bank are not the responsibility of, nor endorsed by AMA (NSW). The information provided here is intended to provide general information only.

WE HAVE A NEW PREFERRED PARTNER

AMA (NSW) is pleased to welcome APRIL INVEST as our new preferred partner for commercial property investment.

aprilinvest

APRIL INVEST is an Australian Property Investment Fund Manager who buys, manages and adds value to direct property investments within Sydney.

Our objective is to help you generate greater wealth and diversify your investment portfolio through additional passive income from the purchase of Sydney office buildings.

We offer AMA (NSW) members the opportunity to invest into commercial office buildings located nearby major train stations. AMA members will benefit from access to direct property investment (not available to the public), our 20-year track record of sourcing property deals, our intimate product knowledge and highly personalised approach.

Our preferred partner status with the AMA (NSW) provides members with a range of unique benefits including:

- Direct access to commercial office investment opportunities unavailable to the general market;
- Priority access to investment deals;
- Negotiated rates with our vetted preferred panel of Consultants – planners, certifiers architects, valuers, quantity surveyors, engineers and commercial real estate agents; and
- A dedicated AMA Investor Relations Manager for all enquiries and support.

For more information please visit www.aprilgroup.com.au or to register your interest, please email AMA@aprilgroup.com.au and note whether you would like us to call you for a confidential discussion or simply keep you informed of opportunities via email. dr.

Australian Medical Association (NSW) Limited

ELECTION NOTICE

2019 ELECTION OF COUNCIL

Mr Phil Lewis, from Elections Australia Pty Ltd will be the Returning Officer for the 2019 election of the Council of the Australian Medical Association (NSW) Limited.

NOMINATIONS

N.B. No member or Nominated Representative shall nominate for more than one class (position) on Council. Nominations in writing are hereby invited for the following positions on Council:

SPECIAL INTEREST GROUP

ONE (1) to be elected from each of the following classes:

- Physician Class
- Surgeon Class
- Ophthalmologist Class
- Psychiatrist Class
- Pathologist Class
- General Practitioner Class
- Radiologist Class
- Anaesthetist Class
- Obstetrician/Gynaecologist Class
- Salaried Doctor Class
- Rural Doctor Class
- Doctor-in-training Class
- Student Member Class

ZONES

ONE (1) to be elected from each of the following classes:

- Northern Metropolitan Zone Class
- Southern Metropolitan Zone Class
- Central Metropolitan Zone Class
- Western Metropolitan Zone Class
- North Western Metropolitan Zone Class
- South Western Metropolitan Zone Class
- New England and North Coast Zone Class
- Illawarra and South Coast Zone Class
- North West Zone Class
- South Zone Class
- Hunter and Central Coast Zone Class

UNRESTRICTED GENERAL MEMBER CATEGORY

In the "Unrestricted General Member Class", a further ELEVEN (11) to be elected from any of the above classes (with the exception of the Student Member Class) provided that at least three (3) of those eleven (11) shall be general practitioners.

STUDENT MEMBER CLASS

ONE (1) to be elected from the Student Member Class.

With the exception of the Student Member Class, candidates and their nominators must be Ordinary Members, or in the case of a company, the Nominated Representative of an Ordinary Member. Candidates must be members of the relevant class of the Association and must be financial members of the Association as at the date of the closing of nominations, i.e. 12:00 noon AEST, Thursday, 4th April 2019. Candidates must be nominated by one (1) other member of the relevant class who must be a financial member of the Association.

In respect of the Student Member Class, candidates must be Student Members of the Association and must be nominated by one (1) other Student Member of the Association.

CLOSE OF NOMINATIONS

NOMINATION FORMS OF CANDIDATURE MUST BE RECEIVED BY THE RETURNING OFFICER NOT LATER THAN 12 NOON AEST, THURSDAY, 4TH APRIL 2019.

THEY MAY BE RETURNED VIA: EMAIL: ROCE2019@amansw.com.au

HAND DELIVERED: TO LEVEL 6, 69 CHRISTIE STREET, ST LEONARDS NSW 2065. (Must be handed to receptionist and signed in.)

POSTED: TO THE RETURNING OFFICER, PO BOX 121, ST LEONARDS NSW 1590

FAX: TO THE RETURNING OFFICER - 02 9438 3760

A candidate may only withdraw his/her nomination in writing prior to the close of nominations.

Should more than the required number of nominations be received, a draw will be conducted to determine the order of candidates' names on the ballot paper at Level 6, 69 Christie Street, St Leonards NSW 2065 at 11:00am AEST, Monday, 8th April 2019. Candidates or their representatives are invited to witness the draw.

VOTING

If the election is contested, a ballot will be conducted, closing at 12 Noon AEST, Friday, 3rd May 2019. Members of the Australian Medical Association (NSW) Limited, financial as at 12:00 noon AEST, Thursday, 4th April 2019 entitled to vote in that class or classes that are contested will be sent material to enable them to vote by Internet, if they have a valid email address registered with the AMA (NSW). Members who do not have an email address will be sent voting material by post. Any contested Student Member election will be by Internet Voting only.

The method of voting to be observed for this election will be "First Past the Post". Any enquiries concerning this election should be directed to Elections Australia Pty Ltd, telephone 02 9416 9627

Mr Phil Lewis, Elections Australia Pty Ltd will be the Returning Officer for the 2019 Australian Medical Association (NSW) Limited Election.

Australian Medical Association (NSW) Limited

ELECTION NOTICE

2019 ELECTION OF COUNCIL - Candidate information sheet

If in the event an election is contested each candidate may, before the ballot draw **(11am AEST Monday 8th April 2019)** submit to the Returning Officer for approval a Candidate Information Sheet. Details supplied by candidates will be included in the Candidate Information Sheet which will be sent out with the ballot voting material if a ballot is required. The Returning Officer may reject any material contained in a Candidate Information Sheet which is false, misleading, defamatory or otherwise inappropriate.

ONLY INFORMATION PROVIDED WITHIN THE BOXED AREA BELOW WILL BE DISTRIBUTED.
IT WILL BE REPRODUCED AS RECEIVED, i.e. IT WILL NOT BE RETYPED.

Therefore, ensure you either print or write all information clearly. Alternatively, a typed statement may be affixed inside the boxed area. Information MUST be restricted to the defined space allocated, and annexures will NOT be accepted. If scanning/emailing/faxing this form, it would be advisable to post the original to the Returning Officer at the address at the bottom of the form, immediately after emailing/faxing.

(CANDIDATE SURNAME) PLEASE PRINT CLEARLY

(CANDIDATE GIVEN NAMES)

Information in support of candidature:

No information beyond this line.

(SIGNATURE OF CANDIDATE)

(DATE)

Completed candidature Information Sheets may be lodged with Mr Phil Lewis the Returning Officer, Elections Australia Pty Ltd by 11 am AEST Monday, 8th April, 2019 via; **Email:** ROCE2019@amansw.com.au. **Hand Delivered:** to Level 6, 69 Christie Street, St Leonards NSW 2065. (Must be handed to receptionist and signed in.) **Posted:** To Mr Phil Lewis the Returning Officer, PO BOX 121, St Leonards NSW 1590. **Faxed:** To Mr Phil Lewis the Returning Officer 02 9438 3760. Copies of the Blank Candidate's information Sheet or Nomination Form can be obtained from the AMA website (www.amansw.com.au) or by Emailing ROCE2019@amansw.com.au

Australian Medical Association (NSW) Limited

ELECTION NOTICE

2019 ELECTION OF COUNCIL - Nomination Form

With the exception of the Student Member Class, candidates and their nominators must be Ordinary Members, or in the case of a company, the Nominated Representative of an Ordinary Member. Candidates and their nominators must be members of the relevant class of the Association and must be financial members of the Association as at the date of the closing of nominations, i.e. 12:00 noon AEST, Thursday, 4th April, 2019. In respect of the Student Member Class, candidates must be Student Members of the Association. **No member or Nominated Representative shall nominate for more than one class on the Council.**

I, the undersigned, being a member of _____ Class and a *financial member (or *Student Member) of the Australian Medical Association (NSW) Limited hereby nominate: *Delete whichever is inapplicable

_____
(SURNAME) PLEASE PRINT CLEARLY (GIVEN NAMES)

of _____
(PRIMARY PRACTICE ADDRESS) (POSTCODE)

of _____
(RESIDENTIAL ADDRESS) (POSTCODE)

( ) _____ ( ) _____ _____ _____
(PRACTICE PHONE NO.) (HOME PHONE NO.) (MOBILE PHONE NO.) (DATE OF BIRTH)

_____
(EMAIL ADDRESS)

as Candidate for the Council of the Australian Medical Association (NSW) Limited

representing _____ Class

FULL NAME OF NOMINATOR	ADDRESS	SIGNATURE
1. _____ (NAME)	_____ (PRIMARY PRACTICE)	_____
	_____ (RESIDENTIAL ADDRESS)	

NOTE: This nomination must be made by one (1) member of the relevant class of the Association (other than the candidate) who must be a financial member of the Australian Medical Association (NSW) Limited. In respect of student members the nomination must be made by one (1) student members of the Association (other than the candidate).

I, being a member of the _____ Class and a *financial member (or *Student Member) of the Australian Medical Association (NSW) Limited do hereby consent to the nomination. *Delete whichever is inapplicable

_____ _____
(SIGNATURE OF CANDIDATE) (DATE)

IMPORTANT: CANDIDATE'S NAME ON THE BALLOT PAPER
For the purposes of uniformity only one given name is included on the ballot paper. Recognised abbreviations or derivatives of given names are acceptable e.g. Bill for William, Jim for James, Rose for Rosemary, but nicknames are not e.g. Blue, Rocky, Bunny.

_____ _____
(SURNAME) (GIVEN NAMES)

My Affiliated Local Association or Special Group (only if applicable) is _____

Completed Nomination Forms must be lodged with Mr Phil Lewis the Returning Officer, Elections Australia Pty Ltd, not later than 12:00 noon AEST Thursday, 4th April, 2019. They may be returned to Mr Phil Lewis the Returning Officer via; **Email** ROCE2019@amansw.com.au. **In person** Level 6, 69 Christie Street, St Leonards NSW 2065, **Post** to Mr Phil Lewis the Returning Officer PO Box 121 St Leonards NSW 1590 or **Faxed** to Mr Phil Lewis the Returning Officer - 02 9438 3760. If you have any questions please email these to **ROCE2019@amansw.com.au** or phone **Mr Phil Lewis the Returning Officer on 02 9416 9627.**

METROPOLITAN ZONES

1. One (1) member of Council shall be a member who carries on his or her profession in the Northern Metropolitan Zone (Northern Metropolitan Zone Class), which comprises the Local Government areas of:

- Hornsby
- Ryde
- Lane Cove
- North Sydney
- Manly
- Ku-ring-gai
- Pittwater
- Hunters Hill
- Willoughby
- Mosman
- Warringah

2. One (1) member of Council shall be a member who carries on his or her profession in the Southern Metropolitan Zone (Southern Metropolitan Zone Class), which comprises the Local Government areas of:

- Canterbury
- Sutherland
- Kogarah
- Hurstville
- Rockdale

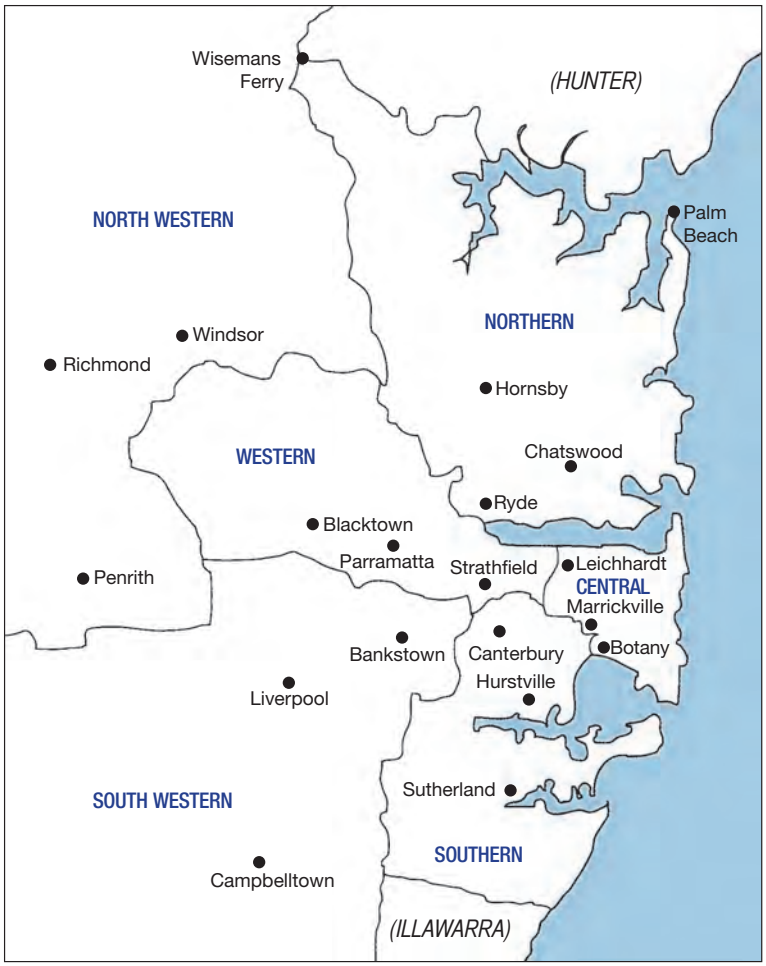
3. One (1) member of Council shall be a member who carries on his or her profession in the Central Metropolitan Zone (Central Metropolitan Zone Class), which comprises the Local Government areas of:

- Sydney City
- Leichhardt
- Botany Bay
- Waverley
- Woollahra
- Randwick
- Marrickville

4. One (1) member of Council shall be a member who carries on his or her profession in the Western Metropolitan Zone (Western Metropolitan Zone Class), which comprises the Local Government areas of:

- Parramatta
- Auburn
- Ashfield
- Holroyd
- Strathfield
- Canada Bay
- Blacktown
- Burwood
- The Hills

(that part of The Hills Shire Council area, south of Annangrove Road)



5. One (1) member of Council shall be a member who carries on his or her profession in the North Western Metropolitan Zone (North Western Metropolitan Zone Class), which comprises the Local Government areas of:

- Penrith
- The Hills
- Hawkesbury
- Blue Mountains

(that part of The Hills Shire Council area, north of Annangrove Road)

6. One (1) member of council shall be a member who carries on his or her profession in the South Western Metropolitan Zone (South Western Metropolitan Zone Class), which comprises the Local Government areas of:

- Camden
- Fairfield
- Bankstown
- Campbelltown
- Liverpool

INTERPRETATION

a) A reference to a member or Nominated Representative being engaged in a particular branch or specialty of the medical profession or to a member or Nominated Representative carrying on a particular type of medical practice shall mean a member or Nominated Representative who is primarily engaged in that branch or specialty of the medical profession or in carrying on that particular type of medical practice.

b) A reference to a member or Nominated Representative carrying on his or her profession in a particular Zone shall mean a member or Nominated Representative who carries on his or her profession primarily in that Zone.

c) "Salaried Doctor" means a member who is engaged not less than 50% of his or her professional time in carrying out duties as an employee otherwise than in private medical practice and includes an academic and a member who is primarily engaged in conducting research.

COUNTRY ZONES

7. One (1) member of Council shall be a member who carries on his or her profession in the Hunter and Central Coast Zone (Hunter and Central Coast Zone Class), which comprises the local Government areas of:

- Muswellbrook
- Gosford
- Lake Macquarie
- Port Stephens
- Maitland
- Dungog
- Singleton
- Wyong
- Newcastle
- Cessnock
- Gloucester
- Great Lakes
- Upper Hunter

8. One (1) member of Council shall be a member who carries on his or her profession in the Illawarra and South Coast Zone (Illawarra and South Coast Zone Class), which comprises the Local Government areas of:

- Bega Valley
- Eurobodalla
- Shoalhaven
- Wollongong
- Shellharbour
- Wingecarribee
- Wollondilly
- Kiama

9. One (1) member of Council shall be a member who carries on his or her profession in the New England and North Coast Zone (New England and North Coast Zone Class),which comprises the Local Government areas of:

- Moree Plains
- Armidale – Dumaresq
- Bellingen
- Kempsey
- Tenterfield
- Nambucca
- Byron
- Glen Innes
- Tweed
- Tamworth
- Coffs Harbour
- Narrabri
- Lismore
- Inverell
- Gunnedah
- Guyra
- Greater Taree
- Walcha
- Port Macquarie – Hastings
- Richmond Valley
- Ballina
- Kyogle
- Liverpool Plains
- Gwydir
- Uralla
- Clarence Valley

10. One (1) member of Council shall be a member who carries on his or her profession in the South Zone (South Zone Class), which comprises the Local Government areas of:

- Wentworth
- Bombala
- Carrathool
- Coolamon
- Gundagai
- Leeton
- Berrigan
- Wagga Wagga
- Greater Hume
- Urana
- Narrandera
- Albury
- Goulburn-Mulwaree
- Tumbarumba
- Snowy River
- Queanbeyan
- Deniliquin
- Young
- Jerilderie
- Wakool
- Hay
- Temora
- Murray
- Tumut
- Boorowa
- Harden
- Upper Lachlan
- Lockhart
- Griffith
- Cooma-Monaro
- Junee
- Yass
- Palerang
- Conargo
- Balranald
- Cootamundra
- Murrumbidgee
- Corowa

11. One (1) member of Council shall be a member who carries on his or her profession in the North West Zone (North West Zone Class), which comprises the Local Government areas of:

- Broken Hill
- Parkes
- Oberon
- Wellington
- Coonamble
- Bathurst
- Cowra
- Brewarrina
- Blayney
- Orange
- Mid-Western Regional
- Bland
- Lithgow City
- Weddin
- Bogan
- Gilgandra
- Warren
- Cobar
- Bourke
- Cabonne
- Forbes
- Lachlan
- Dubbo
- Walgett
- Warrumbungle
- Central Darling
- Narromine

INTERPRETATION

d) Doctor in Training" means an employed member who is undertaking a course of post graduate training and who does not otherwise fall within any of the classes referred to in paragraphs (a) to (k) of Clause 35.1of the AMA (NSW) Constitution.

e) "Rural Doctor" means a member or Nominated Representative who is engaged in a private medical practice in one of the Zones referred to in paragraphs (s) to (w) inclusive of Clause 35.1 where the practice at which that member or Nominated Representative is primarily engaged in carrying on his or her profession is not in a Town or City which has a Base Hospital.

WELCOME NEW MEMBERS

Get more from your membership and take advantage of our Member Services benefits, page 38. To find out more phone 02 9439 8822.

A/Prof David Bennett
A/Prof Glendon Farrow
A/Prof Martin Weltman
A/Prof Pirooz Poursoltan
Dr A'ishah Bhadelia
Dr Aaron Spasich
Dr Abbas Hussein
Dr Abdul-Hamid Sabih
Dr Abdulla Alnouri
Dr Abigail Kwaw
Dr Adam Seruga
Dr Adam Wilkinson
Dr Adena Spiro
Dr Agus Brotodihardjo
Dr Ahmed Harisha
Dr Aker Ekpar
Dr Alan Doris
Dr Aleesha Wayman
Dr Alex Trussell
Dr Alexander Balnionis
Dr Alexandra Evenden
Dr Alexandra Hawthorne
Dr Alexandra Wang
Dr Alice Kerkham
Dr Alice Marsh
Dr Alice Scott
Dr Alison Remynse
Dr Amanda Sebastian
Dr Amanpreet Purewal
Dr Amirul Mukmin Mohd Radzuan
Dr Amy Brunet
Dr Amy Randazzo
Dr Andrew Hart
Dr Andrew Hong
Dr Andrew Muthurajah
Dr Andrew Tsui
Dr Andrew-Hyun Lee
Dr Andy Hsu
Dr Aneka Larsen
Dr Anes Yang
Dr Angus Kervinen
Dr Anisha Arora
Dr Anita Chandanani
Dr Ankit Ajmera
Dr Ann Lee
Dr Anna Wells
Dr Anna Wilson
Dr Anne Walton
Dr Annie Huynh
Dr Annie Macadam
Dr Anthony Carrozzi
Dr Anthony Dawson
Dr Anthony Febbo
Dr Anthony Tachtsidis
Dr Arnav Gupta
Dr Artiene Tatian
Dr Arvinder Joshi
Dr Ashwini Kathirgamalingam
Dr Austin Meulan
Dr Avinesh Chelliah
Dr Ayodele Olatunji
Dr Bao Zhing Teng
Dr Beatrice Tonks
Dr Belinda Lai
Dr Ben Gallan
Dr Ben Maudlin
Dr Ben Ryall
Dr Benjamin Jacobs
Dr Benjamin Lambert
Dr Benjamin McEwan
Dr Benjamin Murrie
Dr Benjamin Pearce
Dr Bernard Fang
Dr Beryl Lin
Dr Bharath Haikadi Vasudeva Achar
Dr Brandon Wong
Dr Brett Scott
Dr Brianna Bassett
Dr Brianna Wright
Dr Bridget Hone
Dr Brindhan Tharmarajah
Dr Bronte Jeffrey
Dr Bryony Beal
Dr Byol Han
Dr Callum Gray
Dr Cambridge Wong
Dr Cameron Gill
Dr Cameron Grover
Dr Carina Cutmore
Dr Carlin Ngai
Dr Carlos Santini
Dr Caroline Mathias
Dr Catherine Zilberg
Dr Cecile Pham
Dr Charbel Wehbe
Dr Charles Geale
Dr Charmaine Koh
Dr Charne Quayle
Dr Che-Jen Wang
Dr Chelsea Jones
Dr Chen Pettit
Dr Chinthan Nayak
Dr Chiranjeev Narula
Dr Chloe Walters
Dr Chris Ahn
Dr Christabel Abalo
Dr Christian Acksteiner
Dr Christina Teng
Dr Christine Dwyer
Dr Christopher Bartimote
Dr Christopher Blair
Dr Christopher Kocx
Dr Christopher Lam
Dr Christopher Masters
Dr Christopher Myers
Dr Chu We Lo
Dr Claude Dennis
Dr Claudia Boubeta
Dr Claudia Leslie
Dr Connor O'Meara
Dr Corey Ta
Dr Courtney Hawthorne
Dr Crystal Wood
Dr Dahlia Davidoff
Dr Damian Gill
Dr Danaan Buckley
Dr Daniel Dutkiewicz
Dr Daniel Townsend
Dr Daniella Beniamen
Dr Danielle Lapin
Dr Darcy Gray
Dr Darren Hartnett
Dr Darren Tiao
Dr Daryl Wong
Dr David Bui
Dr David Donnelly
Dr David Mijalkov
Dr David Palmieri
Dr David Roy
Dr David Tay
Dr Davina Lovegrove
Dr Dawood Issa
Dr Daya Sharma
Dr Dean Boucher
Dr Deborah Mun
Dr Dev Mani
Dr Dhinushika Selvaraj
Dr Diem Nguyen
Dr Dillon Chan
Dr Dilshan Karunamoorthy
Dr Dinushka Kariyawasam
Dr Dirk Arentz
Dr Dominic Ng
Dr Dragos Stefanescu
Dr Dylan Rajaratnam
Dr Edmond Wang
Dr Edward Brentnall
Dr Edward Lewis
Dr Ehsan Farshid
Dr Eleanor Gurney
Dr Eleanor Turton
Dr Elena Luo
Dr Eleni Van Gelder
Dr Elicia Vujovic
Dr Elise Kempler
Dr Elise Warren
Dr Elizabeth Farrell
Dr Elizabeth Gatens
Dr Ellen Tucker
Dr Ellen Weeks
Dr Elmer Belen
Dr Emily Hartman
Dr Emily Jenkins
Dr Emily McCallum
Dr Emily Trigge
Dr Emma Hollands
Dr Emma Lake
Dr Eric White
Dr Erin Cihat Saricilar
Dr Erwinpreet Kaur
Dr Ethan Johnson
Dr Evan Browne
Dr Evangeline Woodford
Dr Eveleigh Holden
Dr Ezekiel Kingston
Dr Faisal Al Daye

Dr Fangzhi Jia
Dr Fei Xue Jin
Dr Felicity Gallimore
Dr Felicity Upham
Dr Fiona Li
Dr Francesca Oh
Dr Gabriella Charlton
Dr Gabrielle Francis
Dr Gary Louie
Dr Genevieve Fair
Dr Geoffrey White
Dr Georgia Moore
Dr Georgia Redmayne
Dr Georgia Ritchie
Dr Georgina Gorman
Dr Gilles Laur
Dr Giuleta JaDrari
Dr Grigoris Platis
Dr Hamish Carmichael
Dr Han Jie Soh
Dr Hannah Pincham
Dr Harry Sofatzis
Dr Hayden Aitken
Dr Hayden Kirk
Dr Heath French
Dr Helen Nevell
Dr Henry Davies
Dr Holly Kristensen
Dr Hsui Yang Wong
Dr Hugh French
Dr Hye Yeon Yoo
Dr Ian Matchett
Dr Ibram Youssef
Dr Idy Deng
Dr Immaculate Fabros
Dr Imogen ThoDron
Dr Inez Astono
Dr Ingrid Stromfeldt
Dr Isaac Ealing
Dr Isabella Lau
Dr Isaia Curtotti
Dr Ishmam Bari
Dr Jack Mangos
Dr Jacob Van Tienen
Dr Jacqueline Bultitude
Dr Jacqueline Tedder
Dr Jaffly Chen
Dr Jai Li
Dr James Gray
Dr James Shannon
Dr Jamie Patel
Dr Janet Lee
Dr Jascha Kehr
Dr Jasmine Corbett
Dr Javed Badyari
Dr Jayson Moloney
Dr Jeff Wang
Dr Jeffery Wang
Dr Jeffrey Ng
Dr Jesper Sonntag
Dr Jessica Aitken
Dr Jessica Foong
Dr Jessica Marot
Dr Jessica Ong
Dr Jessica Simons
Dr Jessica Surya
Dr Jimmy Zhu
Dr Jing Min Wang
Dr Jisha Hameed Kunju
Dr Joanne Wong
Dr Joel Selby
Dr Johanna Leon
Dr John Nguyen
Dr Jonathan Peek
Dr Jonathon Paterson
Dr Jong Woo
Dr Joseph Carey
Dr Joseph Gomez
Dr Joseph Nim
Dr Joshua Boom
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Dr Joshua Gialouris
Dr Joshua Manvell
Dr Joshua Starr
Dr Joshua Turner
Dr Ju Hi Yi
Dr Judith Dierkes
Dr Julian Leto
Dr Julie Phan
Dr Justin Rodrigues
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Dr Kaitlyn Kort
Dr Kate Coleman
Dr Kate Napthali
Dr Kate Shi
Dr Katelin Andrew
Dr Kathryn Dalmer
Dr Kathy Thimakis
Dr Kavitha Muthiah
Dr Keira Barnard
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Dr Keshini Kanthan
Dr Kevin Fan
Dr Kiran Kancherla
Dr Kiri Martin
Dr Kit Ho Lee
Dr Konrad Schultz
Dr Kristi Swan
Dr Ksana Horgan
Dr Labdhi Mehta
Dr Lachlan Allan
Dr Lachlan Evans
Dr Lara Beukes
Dr Lara Proud
Dr Larissa Mammoliti
Dr Laura Lukins
Dr Lauren Chong
Dr Lauren Yip
Dr Le Chi Chiu
Dr Leanne Uren
Dr Leilani Doorbinnia
Dr Lennox Jerzyna
Dr Lewis Freeth
Dr Liam Bell
Dr Liesel Woon
Dr Lily Chen
Dr Lindy Ngo
Dr Lisa Miles
Dr Lize Harrison
Dr Lloyd Cresswell
Dr Lucas Booth
Dr Lucinda Logan
Dr Lucy Bracken
Dr Luke Massey
Dr Luke McCarthy
Dr Luke Phillips
Dr Madeleine Kelly
Dr Madeleine Southey
Dr Maggie Allwright

The AMA (NSW) offers condolences to family and friends of those AMA members who have recently passed away.

Dr Judith Weaver
Dr Darrel Weinman
Dr Henry Briggs

CLASSIFIEDS

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- One Birtcher Hyperfactor diathermy - $150
- Red field infrared photo coagulator - $200
- One rigid sigmoidoscope - $150

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- Options available; room rental only OR secretarial support with dictation and RN support

Please contact: Liezeil
9554 6880 or 0451 141 029

AMA (NSW) Exclusive Member Benefits

PREFERRED PARTNERS

Specialist Wealth Group

Specialising in financial advice exclusively to medical, dental and veterinary professionals, Specialist Wealth Group customises holistic solutions across financial planning, insurance, estate planning and finance advice on superannuations.

April Invest

April Invest is a Property Investment Fund Manager who buys, manages and adds value to direct property investments within Sydney. Our objective is to help you generate greater wealth and diversify your investment portfolio through additional passive income from the purchase of Sydney office buildings.

Commonwealth Bank

Whether you're looking to purchase a property, your first practice, improve your business operations or expand the range of services you offer, our Premier Banking and CommBank Health teams can help get you where you want to be.

Accountants/Tax Advisers

Cutcher & Neale's expertise is built on an intimate understanding of the unique circumstances of the medical profession. Our team of medical accounting specialists are dedicated to helping you put the right structure in place now to ensure a lifetime of wealth creation and preservation.

Prestige Direct

Our philosophy is to keep it simple, keep our overheads down and provide quality cars at competitive prices. So if you're looking for a great deal on your next prestige car enquire about Prestige Direct.

Health Insurance

Doctors' Health Fund aligns to the values of the medical profession and supports quality health care. The Fund was created by and is ultimately owned by doctors. Contact the Fund on 1800 226 126 for a quote or visit the website: www.doctorshealthfund.com.au

Accor Plus

Members are able to purchase Accor Plus membership at a discounted price. As an Accor Plus member, you will enjoy a complimentary night stay at participating AccorHotels each year and up to 50% savings on rooms and food bills.

Audi

AMA members are now eligible for the Audi Corporate Program, which gives members a range of privileges, including AudiCare A+ for the duration of the new car warranty, complimentary scheduled servicing for three years or 45,000km, and much more.

Alfa Romeo

Alfa Romeo's® Preferred Partner Program gives members significant discounts across the Alfa Romeo® range. Go to www.alfaromeo.com.au/fleet and use your Preferred Partner Login.

Avis Budget

Avis Budget is the official car rental partner for AMA (NSW) offering discounted rates. Contact AMA member services for the details.

BMW

Members can enjoy the benefits of this Programme which includes complimentary scheduled servicing for 5 years/80,000 km, preferential pricing on selected vehicles and reduced dealer delivery charges.

Emirates

Emirates offers AMA members great discounts on airfare around the world: 8% off Flex Plus fares or flex fares on Business and Economy. 5% off Saver fares on Business and Economy class. The partnership agreement between Emirates and Qantas allows codeshare.

Jeep

Jeep's® Preferred Partner Program allows members to take advantage of incredible discounts across the Jeep® range. Go to www.jeep.com.au/fleet and use your Preferred Partner Login.

Make It Cheaper

Make it Cheaper can run a free energy bill comparison for you and help you find a competitive deal and save. Call 02 8077 0196 or email amansw@makeitcheaper.com.au for a free quote.

Mainly Mobile/Optus

Mainly Mobiles Communications has teamed up with Optus to provide AMA (NSW) members with a great offer: new Optus mobile customers will receive a 10% discount on their new 24-month mobile handset plan; existing Optus mobile customers will receive a 5% discount on their new 24-month mobile handset plan.

Medical Staff

Medical Staff specialises in the recruitment and placement of Nursing Staff, Locum Doctors and Allied Health Professionals in Private and Public Hospitals, Aged Care Facilities, Retirement Villages, Private Clinics, Universities, Schools, Medical Surgeries and Home care services including personal care and domestic help.

Mercedes-Benz

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Nungar Trading Company

Members will receive free Australia-wide shipping or a free tin of Stockman's polish when you purchase a pair of R. M. Williams Comfort Craftsman, Dynamic Flex, Adelaide or Sydney Boots at $430 (RRP $595).Standard sizing. Option of leather sole POA. International Postage POA. Order on www.nungar.com.au and mention this offer in the comments box.

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Lexus Members can enjoy the Lexus Corporate Program Benefits including 3 year/60,000kms complimentary scheduled servicing, reduced delivery fee, priority ordering and allocation, complimentary Service loan car & complimentary pick-up/ drop-off, Lexus DriveCare providing 24-hour roadside assistance.

Virgin Australia – The Lounge

Significantly reduced rates to the Virgin Australia Lounge for AMA members and their partners. Joining fee is $160 (save $170) and annual fee is $325 (save $95).

For more information and assistance please call one of our member services team on 02 9439 8822 or email members@amansw.com.au
Visit our websites www.amansw.com.au or www.ama.com.au

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BMA CUP 2018

Members of the AMA (NSW) Golf Society rose to the challenge at last year's final Par event, held at Terrey Hills Golf Club in mid-December.

THE BMA CUP was held at the Terrey Hills Golf Club and an excellent field of 49 players met the challenge with the usual enthusiasm.

The Terrey Hills course was in pristine condition and presented a testing challenge for all the golfers.

Tradition dictates that the tournament shall be a Par event, which makes even the most competent golfer pale at the very thought of such a challenging format.

The winner of the 2018 BMA Cup was Dr Ian Meakin, one of our great supporters, with a score of Plus seven, which is a very credible result. Runner up was Dr Michael Burke with Plus three on a count back from Drs Brian McCaughan and Philip Crowe. So the margin of Ian's win demonstrates how well he played on the day. Congratulations and well done Ian.

Winner of the Non-doctors trophy was our very own Claudia Gillis on Plus seven. Claudia would be well known to all Golf Society members as the AMA (NSW) member of staff who, amongst other duties, attends to all aspects of the administration of the Golf Society. A very impressive result from a relatively new golfer. Fair warning to Claudia that the handicapper has her well and truly in his sights. Runners up for this trophy were Mr Wayne Maybury on Plus six and Mr Scott Chapman on Plus three.

Winners of the 2BBB were Drs Stuart Spring and Dr Brian McCaughan with Plus 11 on a count back. As all golfers will acknowledge that is a phenomenal result in a Par event. Well done guys. It is worth noting that the vast majority of prize winners are members of Elanora Golf Club, where we will be playing one of our events this year.

Nearest the pins went to Wayne Maybury on the 4th and John Grey on the 12th hole. Longest drive for the men went to Wayne Maybury and for the ladies, it went to Veronica Hanrahan.

A rather sad note fell over the announcement of the winners of the Albert and Mary Shepherd Trophy which was donated and named by Dr Bruce Shepherd in memory of his parents. This was the first occasion on which the trophy was presented since Bruce's passing earlier in the year and the golfers acknowledged the occasion with a moment of solemn reflection. For only the second time since the inception of the trophy there was a tie for winner, namely Dr Michael Burke and Dr Ian Meakin, congratulations to them both.

Good golfing to all and looking forward to seeing you at the events in 2019. dr.


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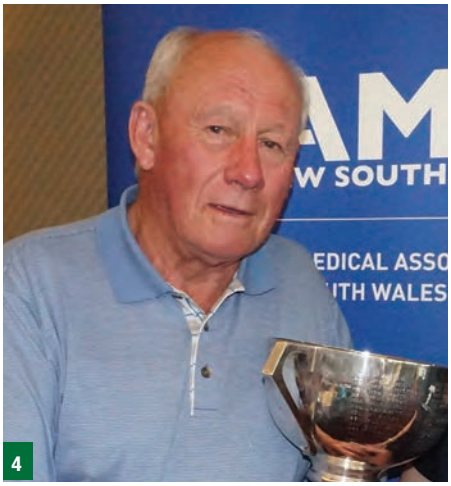
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1. Albert & Mary Shepherd Trophy Joint Winners, Drs Michael Burke & Ian Meakin. 2. Sponsors Cup Winner, Claudia Gillis. 3. BMA Cup Runner Up, Dr Michael Burke. 4. BMA Cup Winner, Dr Ian Meakin

AMA (NSW) Golf Society Calendar of Events 2019

Autumn Cup – Tuesday 12th March
12.30pm tee off, Elanora Country Club
Presidents Cup – Thursday 13th June
Twin Creeks Golf Club
Spring Cup – Friday 6th September
St Michaels Golf Club
BMA Cup – Thursday 5th December
Terrey Hills Golf Club

AMA (NSW) Golf Society
Claudia Gillis
Phone: 9439 8822
Email: amagolf@amansw.com.au

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